MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10 563258

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 "AMENDMENT | | CLAIM | | AS FILED | | AFTER | | AFTER 2 MAMENDMENT | |
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| PTO - 1360 | (REV. 11/04) | | | | | | | CENTERIO | U | .S. DEPARTI | MENT of CO | MMERCE | | |